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CONFIRMATION NO. 1605

<b>SERIAL NUMBER</b> 10/517,881	<b>FILING OR 371(c) DATE</b> 06/29/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> GJE-7147	
<b>APPLICANTS</b> Robin Mark Bannister, Essex, UNITED KINGDOM; Michael Lyne, Essex, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/02586 06/17/2003 <i>yes</i> <i>JS</i> 6/28/07					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0213869.1 06/17/2002 <i>yes</i> <i>JS</i> 6/28/07					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23557					
<b>TITLE</b> Use of nefopam for the treatment of nausea or emesis					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		